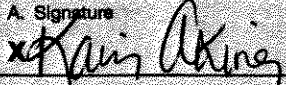


CIVIL 04-00371

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature   <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:            Avard W. Pereira            P.O. Box 482110            Kaunakakai, HI 96748</p>		<p>B. Received by (Printed Name)            Kari Akina</p> <p>C. Date of Delivery            10/26/06</p>	
<p>2. Article Number            (Transfer from service label)            7004 0550 0001 0856 7240</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540</p>			

UNITED STATES POSTAL SERVICE

HONOLULU HI 96811  
26 OCT 2006 PM 1
 First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. DISTRICT COURT  
 DISTRICT OF HAWAII  
 300 ALA MOANA BLVD. C-338  
 HONOLULU, HAWAII 96850-0338  
 OFFICIAL BUSINESS

RETURN SERVICE REQUESTED